NAMI
National Alliance on Mental Illness

5230

Testimony before the Human Services Committee
February 5, 2009

Support for HB 5230

Good afternoon, Senator Doyle, Representative Walker, and members of the Human Services Committee. My name is Sheila Amdur, and I am testifying today on behalf of the National Alliance on Mental Illness of CT (NAMI-CT). NAMI-CT is in strong support of HB 5230 AN ACT CONCERNING A PILOT PROGRAM TO PROVIDE HOUSING AND SERVICES FOR TRANSITIONING YOUNG ADULTS.

HB 5230 will establish a pilot program for youth and young adults with the most intensive mental health needs who require age-appropriate housing and services allowing them to transition between both Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) without mandated changes in their housing or services. Some of the fundamental components of the pilot include;

- services provided by an interagency team with staff who have demonstrated competency in both adolescent and adult behavioral health;
- identification of young adults at age sixteen who will transition to DMHAS on or after their eighteenth birthday and require intensive interventions in order to acquire the adult living skills necessary for successful community living;
- access to interdisciplinary services which address the young adult's individual developmental needs, including education, vocation, socialization, mentoring, recreation, independent living skills and treatment for behavioral health needs including trauma and addiction;
- continuity of staff support and services to promote, to the fullest extent possible, trusting relationships that continue from adolescence to adulthood; and
- monitoring of the pilot program to report on key findings

There is a critical need for collaborative programming between DCF and DMHAS to ensure that 16-17 years olds are not forced to leave a stable home and service environment when they turn 18. The number of referrals of young adults from DCF to DMHAS central office continues to rise dramatically, with an increase of more than 4500% since 1998. Many of these young people have intensive service needs related to both their psychiatric conditions and years of institutionalization with minimal preparation for adulthood. The failure with these youngsters is lack of any continuity in their lives, no trusting relationship with an adult through adolescence into adulthood, and denial of opportunities to continue with their developmental tasks as other young people can. The scarcity of individualized, age appropriate mental health and support services for youth and young adults has led many to become trapped in a cycle of homelessness and/or involved with the criminal justice system. This places our communities at risk at a much higher cost to the state.

DCF further illustrate this need in their budget option priority number 8 (attached), which proposes a residential pilot program to meet this exact need. DCF notes a number of young

adults in care with mental health needs who are older and waiting for the transition to DMHAS adult services. As a result of inappropriate treatment options and waiting lists, many of "these young adults may end up staying longer than needed in expensive residential levels of care" (177 young adults over age 18 in intensive placements such as Residential Treatment Center (RTC) and Therapeutic Group Home (TGH) at the time of the report). The state also has 104 beds at Cedarcrest, many of them filled with young people who have come from DCF and have no community housing or programming to which they can be discharged. This bill calls for the use of existing DCF funds, and therefore would not require new service dollars from the state.

Lastly, if young people with histories of trauma, neglect, abuse, and violence do not receive appropriate interventions, they are nearly 60% more likely to be arrested as juveniles, more likely to be arrested as adults, and more frequently commit violent offenses relative to others in the general population. [1] We cannot afford to leave this issue unaddressed.

Thank you for your time and attention to this important issue.

[1] B.T. Kelley, T.P. Thornberry & C.A. Smith, *In the Wake of Childhood Maltreatment*, OJJDP JUV. JUST. BULL. (1997).

2009/2010-2010/2011 Budget Options

Expansion Option

)CF91000 - Department of Children and Families
1000 - General Fund

Contact: Greg Messner
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Priority: 8
11/10/2008

Establish Transitional Youth Program

DESCRIPTION & REASON

DCF has a significant number of young adults in care with mental health needs who are older and waiting for transition to DMHAS adult services Most of these youth cannot transition to DMHAS for at least 1-3 years because of waiting lists, transition periods extending 9 -12 months, or the need for levels of care that are not available at DMHAS. As a result, these adults may end up staying longer than needed in expensive residential levels of care (as of today, LINK reports 177 young adults over 18 in intensive placements such as RTC and TGH). Some young adults choose not to wait and refuse both DCF and DMHAS services. DCF cannot place 18 + year olds in DCF facilities; there is no emergency placement capacity within DCF or DMHAS and very limited respite capacity in DMHAS. Unfortunately this often results in homelessness, arrests, hospitalization, ER visits, or return to the families from which they were removed. DCF policy then prohibits their re-entry into care because of their mental health issues and lack of stability.

The Department proposes to address the gap between when youth are leaving DCF and when they are entering in DMHAS by developing three 8-bed transition programs for a total capacity of 24 beds across the state and 3 respite programs for a total capacity of 18 beds across the state. The target population is youth with major mental illnesses and/or trauma histories, who are either currently eligible and waiting to transition to DMHAS or are waiting for a determination of DMHAS eligibility.

The Department proposes additional funding to support the development of one transitional program and one respite program during FY 2010 at a cost of $955,000, and the remaining 2 transitional and 2 respite programs in FY 2011 at a combined FY 2011 cost of $4,087,500.

MEASURE OF IMPACT

Has the agency thoroughly researched the possibility of federal funds to suppo No

Current status

Agency has applied for and recieved grant award	No
Agency is in the process of applying for grant	No
Federal Funds are available for this program	No

Explanation of status
No Explanation

Code / Title	2008 Actual	2009 Estimated	2010 Base	2010 Option	2010 Revised	2011 Base	2011 Option	2011 Revised
43168 - Behavioral Health Out of Home Services								
16138 - Board and Care for Childre	191,692,099	219,683,378	215,254,751	955,000	216,209,751	220,722,974	4,087,500	224,810,474
Option Total	191,692,099	219,683,378	215,254,751	955,000	216,209,751	220,722,974	4,087,500	224,810,474

Quantifiable Statistics	2008 Actual	2009 Estimated	2010 Base	2010 Option	2010 Revised	2011 Base	2011 Option	2011 Revised